

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Lantern Project

ADDRESS (number and street)

4503 Spruce Street

☐Check if different
than previously
reported. (ACC)

Philadelphia

PA

19139

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00478420

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☒October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Brian Donlen

Signature of Treasurer

Electronically Filed by Mr. Brian Donlen

Date

10

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 29

Write or Type Committee Name
The Lantern Project

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>Y Y Y Y 2010</div>		0.00
(b) Cash on Hand at Beginning of Reporting Period	54360.00	
(c) Total Receipts (from Line 19)	101642.67	163964.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	156002.67	163964.67
7. Total Disbursements (from Line 31)	54541.80	62503.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	101460.87	101460.87
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 29

Write or Type Committee Name

The Lantern Project

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	24700.00	85550.00
(ii) Unitemized	6593.39	8003.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31293.39	93553.39
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	70300.00	70300.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	101593.39	163853.39
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	49.28	111.28
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	101642.67	163964.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	101642.67	163964.67

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	52041.80	60003.80	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	52041.80	60003.80	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	2500.00	2500.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54541.80	62503.80	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54541.80	62503.80	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	101593.39	163853.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	101593.39	163853.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	52041.80	60003.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	49.28	111.28
38. Net Operating Expenditures (subtract Line 37 from Line 36)	51992.52	59892.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

James W. Allen

Mailing Address 1889 Heritage Way

City

Yountville

State

CA

Zip Code

94599

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: C18866059

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Cecila Ball

Mailing Address 324 1st Place

City

Manhattan Beach

State

CA

Zip Code

90266

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 1 0

Transaction ID: C18865661

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Marc Batt

Mailing Address Batt & Gross
1500 JFK Blvd.

City

Philadelphia

State

PA

Zip Code

19102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Batt & Gross

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: C18751770

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

Bruce Berger

Mailing Address P.O. Box 482

City

Aspen

State

CO

Zip Code

81612-0482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 1 0

Transaction ID: C18849893

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

James E. Brodhead

Mailing Address 506 Yankee Farm Road

City

Santa Barbara

State

CA

Zip Code

93109-1060

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: C18904300

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David E. Crawford

Mailing Address 660 Robinson Road

City

Sebastopol

State

CA

Zip Code

95472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: C18904306

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

Albert Dragon

Mailing Address The Bell Atlantic Tower
No 171

City	State	Zip Code
Philadelphia	PA	19103

FEC ID number of contributing
federal political committee.

C

Name of Employer
McEldrew & FullamOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	0

Transaction ID: C18866027

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lynn Faris

Mailing Address 1417 San Antonio Avenue

City	State	Zip Code
Alameda	CA	94501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leonard Carder Law FirmOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	0

Transaction ID: C18865978

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert B. Flint, Jr.

Mailing Address 185 Bear Gulch Road

City	State	Zip Code
Woodside	CA	94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	9	/	2	0	1	0

Transaction ID: C18849894

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

Mary Lynn Gibbons

Mailing Address 15 Redberry Ridge

City

Portola Valley

State

CA

Zip Code

94028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Transaction ID: C18904296

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Thomas Insel

Mailing Address 626 Norvell Street

City

El Cerrito

State

CA

Zip Code

94530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gracnote

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: C18866060

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth W. Jones

Mailing Address 101 Lombard Street
103E

City

San Francisco

State

CA

Zip Code

94111

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: C18904301

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

Keenan C. Kelsey

Mailing Address 101 Hawthorne Avenue

City

Larkspur

State

CA

Zip Code

94939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Noe Valley Ministry

Occupation

Presbyterian Minister

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 1 0

Transaction ID: C18849895

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Judith Krantz

Mailing Address 10880 Wilshire Blvd.
No. 1725

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 0

Transaction ID: C18738800

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Arturo Maimoni

Mailing Address 134 Crestview Drive

City

Orinda

State

CA

Zip Code

94563-3922

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 0

Transaction ID: C18738795

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

Warren E. Mathews

Mailing Address 1010 Centinela Avenue

City

Santa Monica

State

CA

Zip Code

90403-2341

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 0

Transaction ID: C18739752

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Peter McNamara

Mailing Address 325 Chestnut Street
Suite 710

City

Philadelphia

State

PA

Zip Code

19106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: C18751778

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Larry D. Miller

Mailing Address 947 Tiverton Avenue
No. 1409

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: C18849896

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

Richard Millikan

Mailing Address 1199 Keith Avenue

City

Berkeley

State

CA

Zip Code

94708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: C18866058

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Diane Mosbacher

Mailing Address 3570 Clay Street

City

San Francisco

State

CA

Zip Code

94118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Filmmaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 1 0

Transaction ID: C18865811

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Constance Murray

Mailing Address 10 Oak Meadow Lane

City

Carmel Valley

State

CA

Zip Code

93924

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: C18751783

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

Diane E. Parish

Mailing Address 154 Sanata Rosa

City

Sausalito

State

CA

Zip Code

94965

FEC ID number of contributing
federal political committee.

C

Name of Employer
BladeRock

Occupation

Investment Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: C18904307

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Howard C. Poulter

Mailing Address 4375 Bridgeview Drive

City

Oakland

State

CA

Zip Code

94602

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: C18904302

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Randolph Richardson

Mailing Address 248 B Heritage Vlg.

City

Southbury

State

CT

Zip Code

06488

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C18751777

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

Alexander Sawchuck

Mailing Address 1349 Warner Avenue

City State Zip Code
 Los Angeles CA 90024

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Southern Ca-
lifornia

Occupation
Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 7 / 2 0 1 0

Transaction ID: C18865777

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Roberta Schneiderman

Mailing Address 203 E 72nd Street

City State Zip Code
 New York NY 10021-4568

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 1 0

Transaction ID: C18904308

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jean F. Schultz

Mailing Address 4900 Upper Ridge Rd.

City State Zip Code
 Santa Rosa CA 95404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 1 / 2 0 1 0

Transaction ID: C18738796

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

Arlene Solomon

Mailing Address 5501 E El Cedral Street

City

Long Beach

State

CA

Zip Code

90815-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: C18904304

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Nancy F. Solomon

Mailing Address 151 Central Park West

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: C18904309

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Martha G. Tolles

Mailing Address 860 Oxford Road

City

San Marino

State

CA

Zip Code

91108

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: C18904295

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

Paul Weiss

Mailing Address 101 Alma Street, PHB

City

Palo Alto

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 1 0

Transaction ID: C18849891

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Peg Yorkin

Mailing Address 433 S. Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90212

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 0

Transaction ID: C18904292

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

24700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 29

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

AFGE Local 1916

Mailing Address P.O. Box 231

City

South Park

State

PA

Zip Code

15129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 0

Transaction ID: C18751786

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

AFSCME COUNCIL 13

Mailing Address 4031 EXECUTIVE PARK DRIVE

City

HARRISBURG

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

C70004874

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: C18865990

Amount of Each Receipt this Period

25000.00

C.

Full Name (Last, First, Middle Initial)

Int'l Union of Operating Engineers Local 95 PAC

Mailing Address 300 Saline Street

City

Pittsburgh

State

PA

Zip Code

15207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: C18866004

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

27800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 29

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS PO

Mailing Address 900 Seventh St, NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: C18751788

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 6

Mailing Address 111 Zeta Drive

City State Zip Code
Pittsburgh PA 15238

FEC ID number of contributing
federal political committee. **C** C00446443

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: C18865997

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)
UFCW Local 23

Mailing Address 345 Southpoint Blvd

City State Zip Code
Canonsburg PA 15317

FEC ID number of contributing
federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: C18751787

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

17500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 29

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

The Lantern Project

A.

Full Name (Last, First, Middle Initial)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNI

Mailing Address 1775 K STREET N.W.

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.**C** C00002766

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: C18916516

Amount of Each Receipt this Period

25000.00

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

70300.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Lantern Project

A.

Full Name (Last, First, Middle Initial)
Bread and Circuses Media, Inc.

Mailing Address 4503 Spruce Street

City Philadelphia State PA Zip Code 19139

Purpose of Disbursement
Web Development and Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D427907

Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)
Bread and Circuses Media, Inc.

Mailing Address 4503 Spruce Street

City Philadelphia State PA Zip Code 19139

Purpose of Disbursement
Web Development and Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D427908

Date of Disbursement

09 / 03 / 2010

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)
Dan Wofford Consulting

Mailing Address P.O. Box 366

City Devault State PA Zip Code 19342

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D427906

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

10325.00

SUBTOTAL of Disbursements This Page (optional)

18325.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Lantern Project

A.

Full Name (Last, First, Middle Initial)
Laurel Canyon Media Group

Mailing Address 4804 Laurel Canyon Blvd.
Suite 139

City Valley Village State CA Zip Code 91607

Purpose of Disbursement
Travel and Postage Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D427893

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4519.84

B.

Full Name (Last, First, Middle Initial)
Laurel Canyon Media Group

Mailing Address 4804 Laurel Canyon Blvd.
Suite 139

City Valley Village State CA Zip Code 91607

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D427894

Date of Disbursement

/ /

Amount of Each Disbursement this Period

997.56

C.

Full Name (Last, First, Middle Initial)
Ms. Elizabeth Owen

Mailing Address 4955 Sable Pine Circle
Apt. B-2

City West Palm Beach State FL Zip Code 33417

Purpose of Disbursement
Administrative Work

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D427898

Date of Disbursement

/ /

Amount of Each Disbursement this Period

305.00

SUBTOTAL of Disbursements This Page (optional)

5822.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Lantern Project

A. Full Name (Last, First, Middle Initial) Ms. Elizabeth Owen	Transaction ID: D427899 Date of Disbursement
Mailing Address 4955 Sable Pine Circle Apt. B-2	<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City West Palm Beach State FL Zip Code 33417	Amount of Each Disbursement this Period
Purpose of Disbursement Administrative Work Candidate Name <input type="text"/>	<input type="text" value="385.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms. Elizabeth Owen	Transaction ID: D427900 Date of Disbursement
Mailing Address 4955 Sable Pine Circle Apt. B-2	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City West Palm Beach State FL Zip Code 33417	Amount of Each Disbursement this Period
Purpose of Disbursement Administrative Work Candidate Name <input type="text"/>	<input type="text" value="282.50"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ms. Elizabeth Owen	Transaction ID: D427904 Date of Disbursement
Mailing Address 4955 Sable Pine Circle Apt. B-2	<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City West Palm Beach State FL Zip Code 33417	Amount of Each Disbursement this Period
Purpose of Disbursement Administrative Work Candidate Name <input type="text"/>	<input type="text" value="1207.50"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Lantern Project

A. Full Name (Last, First, Middle Initial) Ms. Kimberly Ray	Transaction ID: D427902 Date of Disbursement																				
Mailing Address P.O. Box 56235	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	1	0												
City Sherman Oaks State CA Zip Code 91413	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Consulting & Travel Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">949.42</td> </tr> </table>	949.42																			
949.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Ms. Kimberly Ray	Transaction ID: D427903 Date of Disbursement																				
Mailing Address P.O. Box 56235	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Sherman Oaks State CA Zip Code 91413	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Consulting & Travel Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">2503.35</td> </tr> </table>	2503.35																			
2503.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Randstad	Transaction ID: D427905 Date of Disbursement																				
Mailing Address P.O. Box 2084	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	1	0												
City Carol Stream State IL Zip Code 60132-2084	Amount of Each Disbursement this Period																				
Purpose of Disbursement Administrative Work Candidate Name	<table border="1"> <tr> <td colspan="10">324.48</td> </tr> </table>	324.48																			
324.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3777.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Lantern Project

A.

Full Name (Last, First, Middle Initial)
Tipping Point Communications

Mailing Address 11217 Ventura Blvd.
No. 390

City State Zip Code
Studio City CA 91604

Purpose of Disbursement
Travel and Research Reimbursements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D427889

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Tipping Point Communications

Mailing Address 11217 Ventura Blvd.
No. 390

City State Zip Code
Studio City CA 91604

Purpose of Disbursement
Research and Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D427891

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Tipping Point Communications

Mailing Address 11217 Ventura Blvd.
No. 390

City State Zip Code
Studio City CA 91604

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D427892

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

7336.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Lantern Project

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tipping Point Communications</p> <p>Mailing Address 11217 Ventura Blvd. No. 390</p> <p>City Studio City State CA Zip Code 91604</p> <p>Purpose of Disbursement Research and Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D427901</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 4750.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tipping Point Communications</p> <p>Mailing Address 11217 Ventura Blvd. No. 390</p> <p>City Studio City State CA Zip Code 91604</p> <p>Purpose of Disbursement Research & Travel Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D427895</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 3622.25</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Universal Printing Company</p> <p>Mailing Address 1205 O'Neill Highway</p> <p>City Dunmore State PA Zip Code 18512</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D427897</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1732.52</p>

SUBTOTAL of Disbursements This Page (optional)

10104.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Lantern Project

A. Full Name (Last, First, Middle Initial) Universal Printing Company	Transaction ID: D427909 Date of Disbursement																				
Mailing Address 1205 O'Neill Highway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	9		2	0	1	0												
City Dunmore State PA Zip Code 18512	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing	<table border="1"> <tr> <td colspan="10">414.90</td> </tr> </table>	414.90																			
414.90																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VR Research	Transaction ID: D427896 Date of Disbursement																				
Mailing Address 405 14th Street Suite 350	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	2		2	0	1	0												
City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Research Consulting	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Wachovia Wells Fargo	Transaction ID: D427910 Date of Disbursement																				
Mailing Address 1100 Connecticut Ave., NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	2		2	0	1	0												
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee	<table border="1"> <tr> <td colspan="10">68.95</td> </tr> </table>	68.95																			
68.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4483.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Lantern Project

A. Full Name (Last, First, Middle Initial) Wachovia Wells Fargo	Transaction ID: D427911 Date of Disbursement
Mailing Address 1100 Connecticut Ave., NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee	<div>51.03</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Wachovia Wells Fargo	Transaction ID: D427912 Date of Disbursement
Mailing Address 1100 Connecticut Ave., NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee	<div>10.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Wachovia Wells Fargo	Transaction ID: D427913 Date of Disbursement
Mailing Address 1100 Connecticut Ave., NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee	<div>88.72</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

149.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Lantern Project

A.

Full Name (Last, First, Middle Initial)

Wachovia Wells Fargo

Mailing Address 1100 Connecticut Ave., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D427914

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Wachovia Wells Fargo

Mailing Address 1100 Connecticut Ave., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D427915

Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

157.13

SUBTOTAL of Disbursements This Page (optional)

167.13

TOTAL This Period (last page this line number only)

52041.80

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 29 / 29

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Lantern Project			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00478420</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 9</div> <div style="border: 1px solid black; padding: 2px;">D D 0 3</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Full Name (Last, First, Middle, Initial) of Payee Tipping Point Communicat			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>	
Mailing Address 11217 Ventura Blvd. No. 390			Transaction ID: D427890	
City Studio City	State CA	Zip Code 91604	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Purpose of Expenditure Video Production for online ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Patrick Toomey			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Mr. Brian Donlen _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>